

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1266

CERTIFICATE OF DEATH

REGISTRAR'S NO. 28

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Yuma

2. USUAL RESIDENCE

(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).  
A. STATE Arizona B. COUNTY Yuma

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Yuma, rural

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA few days 15 yrs

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Somerton

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Yuma General Hospital

D. STREET ADDRESS None - Rural

3. NAME OF DECEASED

A. (FIRST) TRUMAN

B. (MIDDLE)

C. (LAST) RATHER

4. SEX

male

5. COLOR OR RACE

White

(TYPE OR PRINT)

6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH

May 30 1924

8. AGE

26 yrs 8 mos 10 yrs

IF UNDER 24 HOURS

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Laborer

9B. KIND OF BUSINESS OR INDUSTRY General

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma

11. CITIZEN OF WHAT COUNTRY? USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) yes WW 2

13. SOCIAL SECURITY NO. 568-120606

14A. FATHER'S NAME

Marvin D. Rather

14B. BIRTHPLACE (STATE OR COUNTRY)

Texas

15A. MOTHER'S MAIDEN NAME

Edna Copland

15B. BIRTHPLACE (STATE OR COUNTRY)

La.

16. INFORMANT'S SIGNATURE

Marvin Rather

ADDRESS

Box 1132, Somerton, Arizona

17. DATE OF DEATH

February 10 1951

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

\*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTINUED.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (a)

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

Pneumonia, lobes

Malignant Hypertension

Chronic nephritis & nephrosis

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

6 mo.

8 mo.

19A. DATE OF OPERATION

2-10-51 (autopsy)

19B. MAJOR FINDINGS OF OPERATION

as above

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE

(SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN)

(COUNTY)

(STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar 50 TO Feb 51, THAT I LAST SAW THE DECEASED ALIVE ON Feb 10, 1951, AND THAT DEATH OCCURRED AT 3:15 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

Edna T. Drum

(DEGREE OR TITLE)

MD

23B. ADDRESS

Yuma, Ariz.

23C. DATE SIGNED

Feb 10, 1951

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE

2-13-51

24C. NAME OF CEMETERY OR CREMATORY

Desert Lawn Mem Park

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Yuma Arizona

25A. DATE REC'D BY LOCAL REG.

25B. REGISTRAR'S SIGNATURE

Marie Nelson

26. FUNERAL DIRECTOR'S SIGNATURE

The Johnson Mortuary

27. EMBALMER'S SIGNATURE

R.E. Johnson

ADDRESS

Box 310 Yuma Ariz

CERT. NO.

246A